

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N18472 (3)
1. Corporation Name
PGA TOUR CHARITIES, INC.



Principal Place of Business % HELEN S ATTER 112 TPC BLVD. PONTE VERDE BEACH FL 32082	Mailing Address % HELEN S ATTER 112 TPC BLVD. PONTE VERDA BCH FL 32082-3046 US
--	--

3. Date Incorporated or Qualified 12/29/1986	3a. Date of Last Report 04/22/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number 59-2774423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ATTER, HELEN S
112 TPC BLVD.
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADDIS, TOM I
STREET ADDRESS	3007 DEHESA ROAD
CITY-ST-ZIP	EL CAJON CA
TITLE	DC <input type="checkbox"/> DELETE
NAME	FINCHEM, TIMOTHY W.
STREET ADDRESS	12812 MARSH CREEK DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	DPT <input type="checkbox"/> DELETE
NAME	FERRIS, RICHARD J.
STREET ADDRESS	1436 RIDGE ROAD
CITY-ST-ZIP	NORTHBROOK IL
TITLE	D <input type="checkbox"/> DELETE
NAME	LOVE, DAVIS III
STREET ADDRESS	228 KINGS WAY
CITY-ST-ZIP	ST SIMONS ISLAND GA
TITLE	D <input type="checkbox"/> DELETE
NAME	HAAS, JAY
STREET ADDRESS	4 TUSCANY COURT
CITY-ST-ZIP	CREER SC
TITLE	D <input type="checkbox"/> DELETE
NAME	O'MEARA, MARK
STREET ADDRESS	6312 DEACON CIRCLE
CITY-ST-ZIP	WINDERMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lindsay, Ken
1.3 STREET ADDRESS	P. O. Box 12111
1.4 CITY-ST-ZIP	Jackson, MS 33921
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7160 Marsh Hawk Court
2.4 CITY-ST-ZIP	32082
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	60062
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	31522
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Greer, SC
5.4 CITY-ST-ZIP	29650
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	34786

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES Q. TRIJOLATE** *James Q. Trijolate* 04/25/97 904/285-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001168

CR2E037 (5/96)

PGA TOUR CHARITIES, INC.

Item 12. Officers and Directors (continued)

Title D/V
Name Moorhouse, Edward L.
Address 8009 Whisper Lake Lane East
City-St-Zip Ponte Vedra Beach, FL 32082

Title D/V
Name Stevens, Michael
Address 4 Sawgrass Village, Suite 220A
City-St-Zip Ponte Vedra Beach, FL 32082

Title S
Name Triola, James C.
Address 1165 Salt Marsh Circle
City-St-Zip Ponte Vedra Beach, FL 32082